

**Pest Control Services
Proposal/Contract
RFP # 4-07-06
between**

**_____
Company's Name
And
Edgefield County**

_____, agrees to provide Pest Control services for Edgefield County as described below.

I. Scope of Services

All of the 11 County Buildings described will be sprayed once a month with chemicals recommended by the State Department of Agriculture. The buildings are to be "repeat sprayed" whenever and wherever necessary for no extra charge. Odorless chemicals must be used on the offices that request it.

1. All levels of Courthouse monthly	@	_____ \$ _____
2. Neighborhood Center monthly	@	_____ \$ _____
3. DSS Building monthly	@	_____ \$ _____
4. Health Department monthly	@	_____ \$ _____
5. Library monthly	@	_____ \$ _____
6. Governmental Building monthly	@	_____ \$ _____
7. Agriculture Building monthly	@	_____ \$ _____
8. Auditor/ Circuit Judge monthly	@	_____ \$ _____
9. Probate Judge/ Archives Building monthly	@	_____ \$ _____
10. Council Chambers Building monthly	@	_____ \$ _____
11. EMS Building monthly	@	_____ \$ _____

II. Vendor Information Requirements

1. Federal ID number
2. \$250,000 liability service bond
3. Proof of Worker's compensation Insurance
4. Three letters of reference form projects of similar size & scope.
5. Business license for Town of Edgefield County
6. Necessary state certification to meet scope of contract
7. The package must be marked RFP# 4-16-04

III. Contact

You may reach Kathy Flores at 803-637-4000 EXT.10, or at Edgefield County Administration, 124 Courthouse Square, Edgefield, SC.

IV. General Instructions

This proposal sheet is tabulated on an itemized basis. Please be careful to enter pricing on each building's line item. If you have any questions, please contact Kathy Flores.

V. Length of Contract

The contract shall be effective July 1, 2006 and will end June 30, 2007, except that there shall be an automatic option to renew for one year. Renewal of the contract is subject to agreement by both parties.

EDGEFIELD COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS.

Estimated Annual Cost of Proposal_____

V. Contract Award (official Use Only)

Contractor's Authorized Agent

Date

Witness

County Administrator

Date

Witness